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## BIB DATA SHEET

CONFIRMATION NO. 7509

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/748,621	12/30/2003 RULE	424	1612	VTN 568CIP1		
<b>APPLICANTS</b> Frank L. Neely, Jacksonville, FL; Azaam Alli, Jacksonville, FL; <b>** CONTINUING DATA *****</b> This application is a CIP of 10/028,400 12/20/2001 which claims benefit of 60/257,030 12/21/2000 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 05/05/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /WALTER E WEBB/ Acknowledged Examiner's signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> PHILIP S. JOHNSON JOHNSON & JOHNSON ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933-7003 UNITED STATES						
<b>TITLE</b> Antimicrobial contact lenses and methods for their production						
<b>FILING FEE RECEIVED</b> 1080	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		